

Intraoperative Complications and Outcomes of Lymph Node Dissection for Gynecological Malignancies: A Retrospective Analysis

Dr. Maria Aslam¹, Dr. Arfa Bin Saqib², Dr. Yashfeen³, Dr. Anam Riaz⁴, Dr. Usman Sardar⁵, Dr. Amir Ali syed⁶, Dr. Shahid Khattak⁷

¹⁻⁷Shaukat Khanum Memorial Cancer Hospital and Research Centre, Surgical Oncology, Lahore, Pakistan.

OBJECTIVE

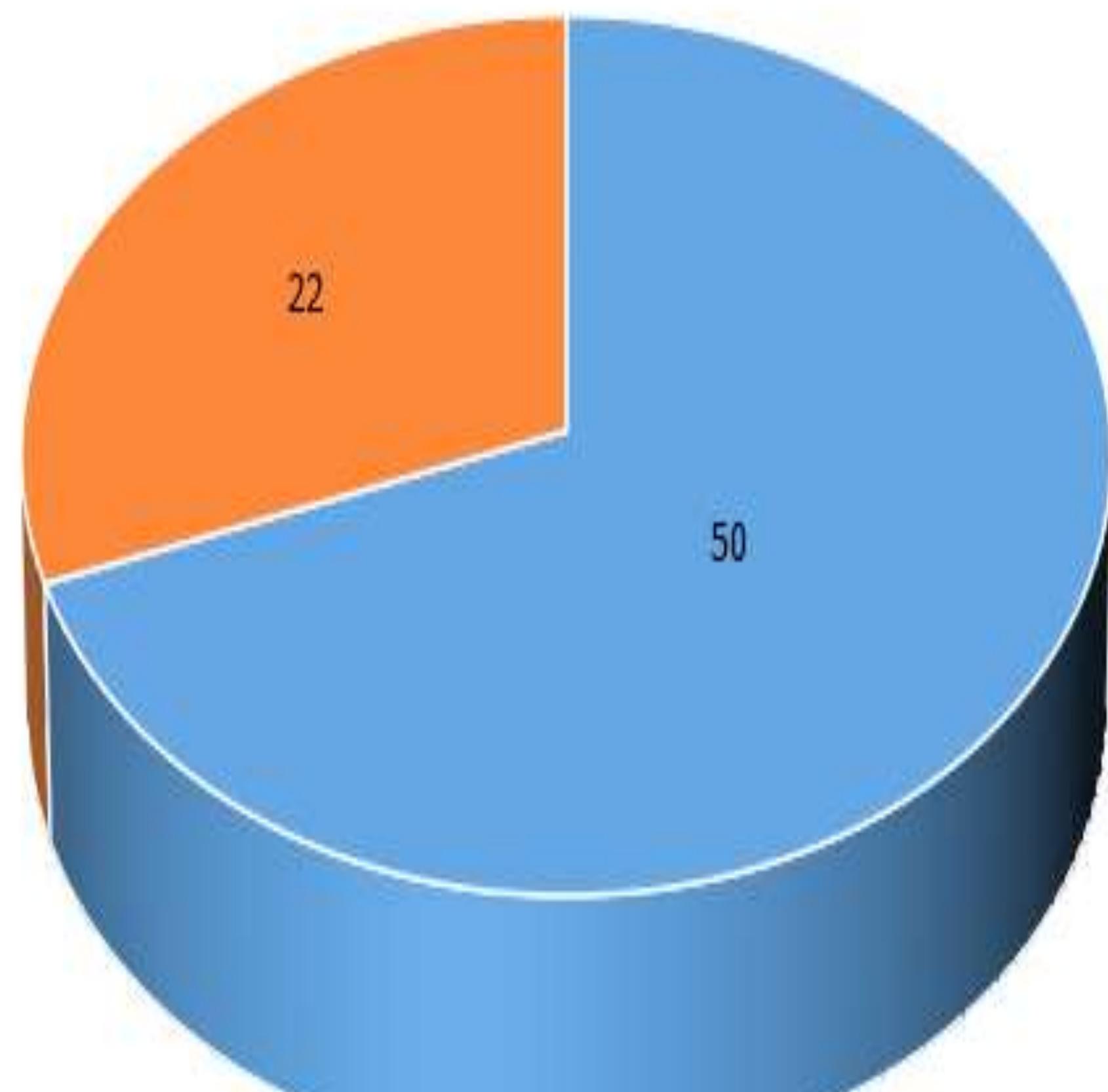
1. To assess the incidence of intraoperative complications—specifically vascular, neural, and ureteral sequelae
2. To elucidate the impact of these complications on oncological outcomes, including overall survival and progression-free survival.

METHODOLOGY

A retrospective analysis was conducted on patients who underwent pelvic ± para-aortic lymph node dissection (LND) for gynecological malignancies (cervical, endometrial, or ovarian) at the Gynecological Oncology Surgery Clinic, Shaukat Khanum Memorial Cancer Hospital, between 2013 and 2022.

Data on intraoperative complications, operative duration, estimated blood loss, and postoperative outcomes were collected from surgical and oncology records.

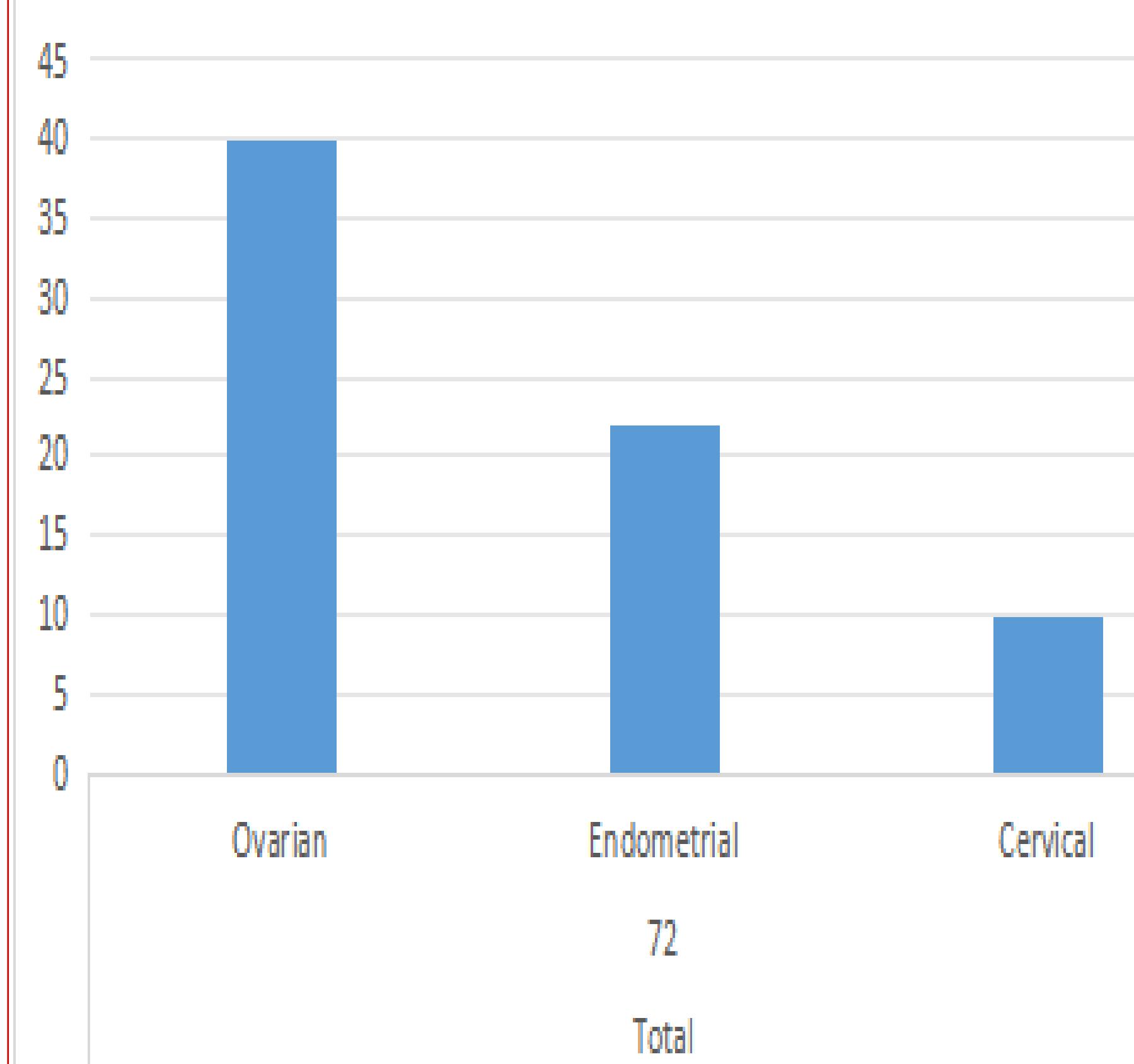
SURGICAL TECHNIQUE



■ Laparoscopic Pelvic Lymph Nodes Dissection ■ Open Pelvic Lymph Nodes Dissection

RESULTS

GYNÄCOLOGICAL MALIGNANCIES DISTRIBUTION



INTRAOPERATIVE COMPLICATIONS

Complication	Value
Bowel Injury	2 (2.8%)
Bladder Injury	1 (1.4%)
Ureteral Injury	1 (1.4%)

POSTOPERATIVE COMPLICATIONS

Complication	Value
Ileus	5.6% (4/72)
Deep Venous Thrombosis	2.8% (2/72)
Pulmonary Embolism	1.4% (1/72)
Lymphocele	1.4% (1/72)

OVERALL SURVIVAL RATE

97.2% (70/72)

CONCLUSION

Lymph node dissection for gynecological malignancies, while essential for accurate staging, carries a measurable risk of intraoperative complications, particularly visceral, neural, and ureteral injuries. Careful surgical technique, anatomical precision, and prompt intraoperative diagnosis and appropriate treatment are usually associated with low morbidity and improved quality of life.

